Entered – 12-28-00 - sb CL – 01L0027 ALEXIS HOLMES

CLAIM OF: MIN SU SEO AND YEON SOOK KANG-SEO

805 Chatburn Lane Duluth, Georgia 30097

For damages alleged to have been sustained as a result of a vehicular accident on September 9, 2000 at Pryor Street.

THIS ADVERSE REPORT IS APPROVED

ROSALIND RUBENS NEWELL DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

| Claim No. UILUU2/ | Date: <u>2/13/01</u> | |
|---|--|--|
| | | |
| Claimant /Victim MIN SU SEO AND YEO | ON SOOK KANG-SEO | |
| (Atty) (Ins. Co.) | uth, Georgia 30097 | |
| Address: 805 Chatburn Lane, Dul | uth, Georgia 30097 | |
| Subrogation: Claim for Property damage \$ | 3.093.32 Bodily Injury \$ | |
| Date of Notice: 12/28/00 Method: W | ritten. Proper X Improper | |
| Conforms to Notice: O.C.G.A. §36-33-5 | X Ante Litem (6 Mo.) X | |
| Date of Occurrence 9/9/00 Pla | ace: Pryor Street | |
| Department Police | Division | |
| Date of Notice: 12/28/00 Method: Written, Proper X Improper Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X Date of Occurrence 9/9/00 Place: Pryor Street Department Police Division Disciplinary Action: Oral Admonishment | | |
| | | |
| NATURE OF CLAIM: The claimant's vehicle susta | ained damages when the driver of a City vehicle backed up | |
| and hit the front of her vehicle. However, the claim | nants filed a claim with their insurance company, and their | |
| insurance company has filed a subrogation claim with | 1 the City. | |
| | | |
| INVESTIGATION: | | |
| Statements: City employee Claimant | Others X Written Oral X | |
| Pictures Diagrams Reports: Poli | ce Dept Report X Other | |
| Traffic citations issued: City Driver | Claimant Driver | |
| Citation disposition: City Driver | Claimant Driver | |
| BASIS OF RECOMMENDATION: | | |
| | | |
| Function: Governmental X | Ministerial Other X Damages reasonable ected Compromise settlement X | |
| Improper Notice More than Six Months _ | Other X Damages reasonable | |
| City not involved Offer reje | cted Compromise settlement X | |
| Repair/replacement by Ins. Co. | Repair/replacement by City Forces | |
| Claimant Negligent City Negligent | Repair/replacement by City Forces Joint Claim Abandoned | |
| | | |
| | Respectfully submitted, | |
| | Olyas Holmes | |
| | (1010 H) | |
| | agespenies | |
| | INVESTIGATOR - ALEXIS HOLMES | |
| DECOMMEND A MICH | | |
| RECOMMENDATION: | | |
| David / Vi / | | |
| Pay \$ Adverse X Ac | count charged: 1A012J012H01 | |
| Claims Manager: | Concur/date 03 77-61 | |
| Committee Action: | Council Action | |
| FORM 23-61 | | |

COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK

City Hall 55 Trinity Avenue, S.W.

| 12/23/00 |
|--------------------------|
| RE: CLAIM FOR DAMAGES |
| Today's Date: /2 /04 /00 |

Annus

| A | Atlanta, Georgia 30335 | |
|-----|---|--|
| De | Door Municipal Clarks | ENTERED - 01L0027 - ALEXIS HOLMES |
| | This is to notify the City of Atlanta that I have suffered damages in the and/or \$ bodily injury for which I contend the | |
| 1. | Date of incident: 9/9/2000 2. Time of Inc. (month/day/ year) | eident: 8:30 pm 3. Police called: Yes No |
| 4. | Location of incident (including street address): Underground | parking line on pryor st AH GA |
| 5. | Name of your insurance company: All State | Policy No. 615 05 3375 03/2 |
| 6. | 5. State what and how incident occurred: T was slowly pulli | j i |
| | turn right. (Note: the street is one way/righ | t side only). I checked left and light |
| | side to make sure there was no car co | owing my way. As soon as I let go |
| | side to make sure there was no car co of the brake, a police can backing up side of my car. | from right side, hit my Right frontal |
| 7. | Side of my car. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSTRESULT IN YOUR CLAIM BEING DENIED AND MAY RES | SPECTION. THE MAKING OF FALSE CLAIMS WILL |
| 8. | The registered owner must make the claim for vehicle damages, proof of ownership of your vehicle (copy of the current tag receipt | · · · · · · · · · · · · · · · · · · · |
| | Your vehicle: <u>BWW 318 I 1994</u> 83 (Make) (Year) (Tag | 37 MPJ Yeon Sock Kang-Sec |
| | | |
| | City vehicle: Cfficer David L. f. (City Driver's Name | 3145 |
| | (Make) (City Driver's Name | (Department/Bureau) |
| 9. | . Witness: (Name) (Address) | |
| | (Name) (Address) | (Telephone Number) |
| 10. | The acknowledgment of this claim in no way waives the S State law, nor is it an admission of liability on behalf of the City of | |
| 11. | 1. This claim should be mailed immediately to the address shown a | above. |
| | I HEREBY SWEAR OR AFFIRM THAT THE ABOVE | Yeon Sook Kang - Seo (Print Claimant's Name) |
| | INFORMATION IS TRUE AND CORRECT. | (Print Claimant's Name) |
| | Kons | 805 Chatburn In. |
| | Signature of Claimant | (Address) |
| | 01- ⁻ R -0816 | Duluth 6A 30097 |

Dulutu 6A 30097
(City, State and Zip Code)

4)295-0005

(Home Number)